O PATENT
Appl. No. 09/672,154
Attorney Docket No. 450100-02733

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants

Masahiko SATO

Appl. No.

09/672,154

Filed

September 27, 2000

Title

BROADCAST PROGRAM RETRIEVAL APPARATUS

RECEIVED

OCT 0 6 2004 Technology Center 2600

Art Unit

2616

Examiner

RAMAN, Usha

745 Fifth Avenue New York, NY 10151

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Samuel S. Lee, Reg. No. 42,791

(Name of Applicant, Assignee or Registered Representative)

Signature

October 1, 2004

Date of Signature

AMENDMENT UNDER RULE 116

Mail Stop AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

In response to the Final Office Action of August 25, 2004, please amend the aboveidentified application as follows:

Amendments to the Claims are reflected in the listing of claims, which begins on page 2.

Remarks/Arguments begin on page 6.

PATENT 450100-02733

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Technology Center 2600

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

BROADCAST PROGRAM RETRIEVAL APPARATUS

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Applicant(s)	.69"
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Serial No.

For

COMMISSIONER FOR PATENTS

September 27, 2000

Examiner

MAIL STOP AF

Filed

RAMAN, Usha 2616

Masahiko SATO

09/672,154

Art Unit

Alexandria, VA 22313-1450

Transmitted herewith is an amendment in the above-identified application.

 \boxtimes No additional fee is required.

 \Box The fee has been calculated as shown below.

This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining	(3)	(4) . Highest number	(5)	(6)	(7)
	after amendment		previously paid for	Present extra	Rate	Additional fee
Total claims	13	Minus	20 =	0 ×	\$18(9)	= \$0
Independent claims	2	Minus	3 =	0 ×	\$86(43)	= \$(
	·····		Total additional fee for this amendment			= \$(

If the entry in Column 2 is less than the en	ntry in Column 4. write "0" in Column 5.

If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

The ingress number of independent stating providerly paid for to less than 5, while of in this space.
This application contains a multiple dependent claim. The required fee of \$290 (\$145) has been previously paid □, or is paid herewith □.
This response is being filed within the month following the expiration of the term originally set therefor. This is a petition to request a <u>-month</u> extension of time. A check covering the cost of the petition is enclosed.
A USPTO Form 2038 – Credit Card Payment Form in the amount of \$.00 is attached, which covers the cost of additional claims andmonth petition for extension of time.
Charge \$_ to Deposit Account No. 50-0320.
Discontinuo della si si si si di

Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320. \boxtimes

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Samuel S. Lee, Reg. No. 42,791

(Name of Applicant, Assignee or Registered Representative)

October 1, 2004 Date of Signature FROMMER LAWRENCE & HAUG, LLP

Attorneys for Applicant(s)

By: William S. Frommer

Reg. No25,506 Tel. (212) 588-0800

If the highest number of total claims previously paid for is less than 20, write "20" in this space.